


No. <b>C 165716</b>	Due no later than Mar 31, 2013 Annual Report Form		2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) TIMOTHY D PALMER 2736 RHYOLITE DR BOISE ID 83712															
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> EYE GOTCHA COVERED, INC. TIM D PALMER 2736 RHYOLITE DR BOISE ID 83712		3. <u>New</u> Registered Agent Signature.															
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td></td> <td>Pres- T Palmer</td> <td>2736 Rhyolite way</td> <td>B.</td> <td>ID</td> <td></td> <td>83712</td> </tr> </tbody> </table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code		Pres- T Palmer	2736 Rhyolite way	B.	ID		83712
Office Held	Name	Street or PO Address	City	State	Country	Postal Code												
	Pres- T Palmer	2736 Rhyolite way	B.	ID		83712												
5. Organized Under the Laws of:  IDAHO C 165716		6. Signature:  Date: 8/7/13 Name (type or print): T Palmer Title: Pres																

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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**